

10608333

1072

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. <u>10608333</u> | | FILING DATE | |
|---|------|---------------------|------|---------------------|------|----------------------------|------|-------------|------|
| 5/18/05 | | | | | | CLAIMS | | | |
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | 5/18/05 | |
| NO. | DEP. | NO. | DEP. | NO. | DEP. | NO. | DEP. | NO. | DEP. |
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| CLAIMS ONLY | | | | | | | Application Number 10/608 333 | | Filing Date | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| 10 2 | | 1 | | | | | 52 | | | | | |
| 10 3 | | 2 | | | | | 53 | | | | | |
| 10 4 | | 2 | | | | | 54 | | | | | |
| 10 5 | | 1 | | | | | 55 | | | | | |
| 10 6 | | 1 | | | | | 56 | | | | | |
| 10 7 | | 1 | | | | | 57 | | | | | |
| 10 8 | | 2 | | | | | 58 | | | | | |
| 10 9 | | 1 | | | | | 59 | | | | | |
| 1 10 | | 1 | | | | | 60 | | | | | |
| 1 11 | | 1 | | | | | 61 | | | | | |
| 1 12 | | 3 | | | | | 62 | | | | | |
| 1 13 | 1 | | | | | | 63 | | | | | |
| 1 14 | | 1 | | | | | 64 | | | | | |
| 1 15 | | 1 | | | | | 65 | | | | | |
| 1 16 | | 1 | | | | | 66 | | | | | |
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| Total Indep | | | | | | | Total Indep | | | | | |
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